## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

|                 | AS FILED       |  | AFTER 1st AMENDMENT |  | AFTER<br>2nd AMENDMENT                           |                |
|-----------------|----------------|--|---------------------|--|--|----------------|
|                 | IND.           | DEP.   | IND.                | DEP.   | IND.   | DEP.           |
| 1               |                |  |                     |  |  |                |
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| TOTAL           | ,              |  |                     |  |  |                |
| TOTAL           | <b>├</b> ──    | 1  |                     | <b>—</b> 1                                       |  | _*             |
| TOTAL<br>DEP.   | <u> </u>       |  |                     |  |  |                |
| TOTAL<br>CLAIMS | (              |  |                     |  |  |                |

|                 | *  |   | *  |  | *            |               |  |  |  |  |
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| 51              |  |   |  |  |              |               |  |  |  |  |
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| 57              | <del> </del> -                                   | <del> </del>                                      |  |  |              |               |  |  |  |  |
| 58<br>59        |  | <del>                                      </del> | }  |  |              | <del></del>   |  |  |  |  |
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| 73<br>74        | <del>                                     </del> |   |  | <b> </b>   | <del> </del> | <u> </u>      |  |  |  |  |
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| 86<br>87        |  |   |  |  |              |               |  |  |  |  |
| 88              |  |   |  |  |              |               |  |  |  |  |
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| 94              |  |   |  |  |              |               |  |  |  |  |
| 95              |  |   |  |  |              |               |  |  |  |  |
| 96              |  |   |  |  |              |               |  |  |  |  |
| 97              |  |   |  |  |              |               |  |  |  |  |
| 98              |  |   |  |  |              |               |  |  |  |  |
| 99              |  |   |  |  |              |               |  |  |  |  |
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| TOTAL<br>IND.   |  | 1   |  | _#   |              |               |  |  |  |  |
| TOTAL<br>DEP.   |  | -   |  | -  |              | <b>—</b>      |  |  |  |  |
| TOTAL<br>CLAIMS |  |   |  |  |              |               |  |  |  |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTQ-2022 (1-98)

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